(Rev. 2017)

• ATTACH CHECK OR MONEY ORDER HERE •

GENERAL EXCISE/USE TAX RETURN

| Fill in this of | val ONLY if this is an | AMENDED return | | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|--|
| PERIOD ENDING | (mm/yy) | HAWAII TAX I.D. NO. GE | | | | | | | | |
| Last 4 digits of your FEIN or SSN | | | | | | | | | | |
| NAME: | | | | | | | | | | |
| BUSINESS ACTIVITIES | Column a VALUES, GROSS PROCEEDS OR GROSS INCOME | Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE) | Column c TAXABLE INCOME (Column a minus Column b) | | | | | | | |
| PART I - GENERAL EXCISE and USE TAXES @ ½ OF 1% (.005) | | | | | | | | | | |
| 1. Wholesaling | | 0 | <u> </u> | | | | | | | |
| 2. Manufacturing | | 0 | | | | | | | | |
| 3. Producing | | 0 | <u> </u> | | | | | | | |
| 4. Wholesale Services | | 0 | | | | | | | | |
| 5. Landed Value of Imports for Resale | | 0 | | | | | | | | |
| 6. Business Activities of Disabled Persons | | 0 | | | | | | | | |
| 7. Sum of Part I, Column of | c (Taxable Income) — Enter the i | result here and on page 2, line 21, Column (a) | | | | | | | | |
| PART II - GENERAL EXCISE and USE TAXES @ 4% (.04) | | | | | | | | | | |
| 8. Retailing | | 0 | | | | | | | | |
| 9. Services Including Professional | | 0 | | | | | | | | |
| 10. Contracting | | 0 | 1 | | | | | | | |
| 11. Theater, Amusement and Broadcasting | | 0 | 1 | | | | | | | |
| 12. Commissions | | | 1 | | | | | | | |
| 13. Transient Accommodations Rentals | | | 1 | | | | | | | |
| | | | | | | | | | | |
| 14. Other Rentals15. Interest and | | | | | | | | | | |
| All Others 16. Landed Value of Imports | | 0 | | | | | | | | |
| for Consumption | <u> </u> | U <u> </u> | 1 | | | | | | | |
| 17. Sum of Part II, Column c (Taxable Income) — Enter the result here and on page 2, line 22, Column (a) | | | | | | | | | | |

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder.

| IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT. | | | | | | | | |
|---|-----------|-------|--|----------------------|--|--|--|--|
| | SIGNATURE | TITLE | | DAYTIME PHONE NUMBER | | | | |

| | RM G-45 ge 2 of 2 | Name: | | | | | | | | |
|-----|--|---|---|---|---|---|----------------------------|---|--|----|
| | kie. | Hawaii Ta | x I.D. No. GE | | | | | | | ı |
| | 070 200 | Last 4 diç | gits of your FEIN or SSN | | | | | PERIOD ENDI | ING (mm/yy) | |
| A | BUSINESS CTIVITIES RT III - INSU | JRANCE | Column a VALUES, GROSS PRO OR GROSS INCO COMMISSIONS | ME | EXEMPTI (Attac | Column b ONS/DEDUCTIONS (CONS) | ONS | Colur TAXABLE (Column a min | INCOME | |
| | Insurance Commissions | | | II .00 | | Ш,Ш | .00 | -ntor this amount on li | 1 00 00 00 00 00 00 00 00 00 00 00 00 00 | 18 |
| PA | RT IV - CITY | / & COU | NTY OF HONOLU | LU SURC | CHARGE TAX | @ ½ OF 1% (| | Enter this amount on li | ne 23, Column (a) | |
| 19. | Oahu Surcharg | ge | | 00 | | <u> </u> | .00 | Enter this amount on li | ne 24 Column (a) | 19 |
| sub | ject to a 10% | penalty fo | OF ASSIGNMENT or noncompliance.) S ess in MORE THAN C | ee Instruc | tions. DARKEN | the oval of the | <i>ayers N</i> taxation | AUST complete this n district in which yo | Part and may be | |
| 20. | | Oahu | Maui | | Hawaii | Kauai | | MULTI | | 2 |
| PA | RT VI - TOTA | AL PERIO | ODIC RETURN | | TAXABLE INCOME Column (a) | TAX RA | | TOTAI Column (c) = Colum | | |
| 21. | Enter the amo | ount from F | Part I, line 7 | | $, \square \square, \square \square$ | x .005 | 21. | | | |
| 22. | Enter the amo | ount from F | Part II, line 17 | | ,, | x .04 | 22. | | | |
| 23. | Enter the amoun | nt from Part II | l line 18, Column c | Щ | ,, | x .0015 | 23. | | | |
| 24. | Enter the amoun | nt from Part I\ | /, line 19, Column c | | ,, | x .005 | 24. | | | |
| 25. | | | Add column (c) of lines 21 activity for the period, | | | | | | | |
| 26. | Amounts Asse (For Amended | essed Durir d Return O | ng the Period NLY) | PENA INTER | LTY \$ REST \$ | | 26. | | | |
| 27. | TOTAL AM | OUNT. A | add lines 25 and 26 | | | | 27. | | | |
| 28. | TOTAL PAYME | ENTS MAD | E FOR THE PERIOD (F | For Amende | ed Return ONLY) | | 28. | | Щ.Щ | |
| 29. | CREDIT TO B | E REFUNI | DED. Line 28 minus line | 27 (For Ar | mended Return ON | ILY) | 29. | | | |
| 30. | | | JE. Line 27 minus line 2 | DENIA | ended Return ONL LTY \$ | , | | | | |
| 31. | FOR LA | TE FII | LING ONLY - | | | | | | | |
| | Amended Retu | urns, add li | ND PAYABLE (Original nes 30 and 31) | | | | | | | |
| 33. | to "HAWAII STATE I.D. No. on your cl HONOLULU, H | E TAX COLLE heck or mone HI 96806-1 | MOUNT OF YOUR ECTOR" in U.S. dollars to For By order. Mail to: HAWAII 1425 or file and pay elec Ing a payment with this | m G-45. Write DEPARTME tronically a | e the filing period and y ENT OF TAXATION t hitax.hawaii.gov. | our Hawaii Tax I, P. O. BOX 142 | 5, | | | |
| 34. | GRAND TO | TAL OF (Attach Sch | EXEMPTIONS/DE nedule GE) If Schedule be disallowed | DUCTIO I GE is not a | NS CLAIMED. | ns/deductions | | | , | |